

POSITION	INITIALS	ID NO.	DATE
FEES DETERMINATION	VT	60001	2/17/00
O.I.P.E. CLASSIFIER		1/2	3/6
FORMALITY REVIEW	YC	20017	6-19-00
RESPONSE FORMALITY REVIEW			

## INDEX OF CLAIMS

✓ ..... Rejected N ..... Non-elected  
 = ..... Allowed I ..... Interference  
 — (Through numeral)... Canceled A ..... Appeal  
 ÷ ..... Restricted 0 ..... Objected

Claim	Final	Original	Date
1	✓	✓	2-27-00
2	✓	✓	2-27-00
3	✓	✓	2-27-00
4	✓	✓	2-27-00
5	✓	✓	2-27-00
6	✓	✓	2-27-00
7	✓	✓	2-27-00
8	✓	✓	2-27-00
9	✓	✓	2-27-00
10	✓	✓	2-27-00
11	✓	✓	2-27-00
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Claim	Final	Original	Date
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If more than 150 claims or 10 actions  
staple additional sheet here